| Effective October 1, 2001  |   |   |                  |                       |   |  |                   |                 |                        |                            |                     |                        |     |
|--|---|---|------------------|-----------------------|---|--|-------------------|-----------------|------------------------|----------------------------|---------------------|------------------------|-----|
|  |   | CLAIMS AS                                   | (Column 1)       |                       | (Column 2)                                |  | SMALL ENTITY TYPE |                 | OR                     | OTHER THAN<br>SMALL ENTITY |                     |                        |     |
| TOTAL CLAIMS   |   |   | 46               |                       |   |  | RAT               | Ε               | FEE                    |                            | RATE                | FEE                    |     |
| FOR  |   |   | NUMBER FILED     |                       | NUMBER EXTRA                              |  | BASIC             | FEE             | 370.00                 | OR                         | BASIC FEE           | 740.00                 |     |
| TOTAL CHARGEABLE CLAIMS  |   |   | A Jaminus 20=    |                       | . 26                                      |  | X\$ 9             | )=              |                        | OR                         | X\$18=              | 1680                   | 0   |
| INDEPENDENT CLAIMS   |   |   | 6 minus 3 =      |                       | 3   |  | X42               | =               |                        | OR                         | X84=                | 7520                   | הם  |
| MU   | LTIPLE DEPEN  | DENT CLAIM P                                | RESENT           |                       |   |  | +140              | )=              |                        | OR                         | +280=               | J-951                  |     |
| * If the difference in column 1 is less than zero, enter "0" in column 2 |   |   |                  |                       |   |  | TOTA              | ΔI              |                        | OR                         | TOTAL               | 1466                   | . 0 |
| 1  | 1 1   | AIMS AS A                                   |                  | - PAF                 |   | (Column 3)                             |                   |                 | ENTITY                 | OR                         | OTHER<br>SMALL      | THAN                   |     |
| AMENDMENT A  |   | CLAIMS<br>REMAINING<br>AFTER<br>AMENDMENT   |                  | NUM<br>PREV           | HEST<br>MBER<br>OUSLY<br>FOR              | PRESENT<br>EXTRA                       | RAT               | E               | ADDI-<br>TIONAL<br>FEE |                            | RATE                | ADDI-<br>TIONAL<br>FEE |     |
|  | Total   | . 46  | Minus            | ** (                  | 46  | = /                                    | X\$ 9             | )=              |                        | OF                         | X\$18=              | /                      |     |
|  | Independent   | · 4   | Minus            | ***                   | 6   | = /                                    | X42               | !=              |                        | OR                         | X84=                |                        |     |
|  | FIRST PRESE   | NTATION OF M                                | ULTIPLE DEI      | PENDEN                | II CLAIM                                  |  | +140              | )= <sub>.</sub> | 1                      | ØŔ                         | +280=               |                        |     |
|  |   |   |                  |                       |   |  | ADDIT.            | TAL<br>FEE      |                        | OR                         | TOTAL<br>ADDIT. FEE |                        | }   |
| AMENDMENT B  |   | (Column 1) CLAIMS REMAINING AFTER AMENDMENT |                  | HIG<br>NUI<br>PREV    | IMN 2)<br>HEST<br>MBER<br>YOUSLY<br>D FOR | PRESENT<br>EXTRA                       | RAT               | E               | ADDI-<br>TIONAL<br>FEE |                            | RATE                | ADDI-<br>TIONAL<br>FEE |     |
|  | Total   | *   | Minus            | **                    |   | =                                      | X\$ 9             | 9=              |                        | OR                         | X\$18=              |                        |     |
|  | Independent   | *   | Minus            | ***                   |   | -                                      | X42               | <u>}=</u>       |                        | OR                         | X84=                |                        |     |
| _  | FIRST PRESE   | NTATION OF M                                | ULTIPLE DE       | PENDEN                | IT CLAIM                                  |  | +140              | <br>0=          |                        | OR                         | +280=               |                        | 1   |
|  |   |   |                  |                       |   |  | TO<br>ADDIT.      | TAL             |                        | OR                         | TOTAL<br>ADDIT. FEE |                        | 1   |
| AMENDMENT C  |   | (Column 1)                                  |                  |                       | umn 2)<br>HEST                            | (Column 3)                             |                   |                 |                        |                            |                     |                        | 4   |
|  |   | CLAIMS REMAINING AFTER AMENDMENT            |                  | NU<br>PRE\            | MBER<br>/IOUSLY<br>D FOR                  | PRESENT<br>EXTRA                       | RAT               | Œ               | ADDI-<br>TIONAL<br>FEE |                            | RATE                | ADDI-<br>TIONAL<br>FEE |     |
|  | Total   | •   | Minus            | **                    |   | =                                      | X\$ :             | 9=              |                        | OR                         | X\$18=              |                        | ]   |
|  | Independent   | *   | Minus            | ###                   | ,   | B-                                     | X42               | 2=              |                        | OR                         | X84=                |                        | 1   |
|  | FIRST PRESENTATION OF MULTIPLE DEPENDENT CLAIM                |   |                  |                       |   |  | +14               | _               |                        | OR                         |                     |                        | 1   |
|  | If the entry in colu  | mn 1 is less than                           | the entry in col | umn 2, wi             | ite "0" in c                              | olumn 3.                               | L                 | O-              |                        | 4                          | TOTAL               | <del> </del>           | 1   |
| **   | If the "Highest Nu<br>"If the "Highest Nu<br>The "Highest Nur | mber Previously                             | Paid For' IN TH  | IIS SPACI<br>IIS SPAC | E is less th<br>E is less th              | ian 20, enter "20<br>ian 3, enter "3." | ADDIT.            | FEE             |                        | OR                         | ADDIT. FE           |                        | 1   |

Application or Docket Number